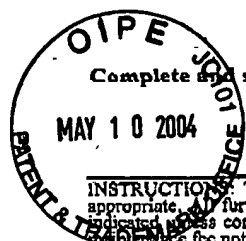


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## PART B - FEE(S) TRANSMITTAL

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Complete and send this form, together with applicable fee(s), to: Mail

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FEB 10 2004

or Fax

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02/17/2004

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Jacqueline Pintonics	(Depositor's name)
<i>Jacqueline Pintonics</i>	(Signature)
05/10/04	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
08/493,442	06/22/1995	THOMAS C. ARTER	CDS-59	4988

TITLE OF INVENTION: DRY ANALYTICAL ELEMENT FOR ACETAMINOPHEN ASSAY

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	05/17/2004

EXAMINER	ART UNIT	CLASS-SUBCLASS
GITOMER, RALPH J	1651	435-018000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Ortho-Clinical Diagnostics, Inc. Rochester, NY

Recorded: 06/22/1995

Reel/Frame: 7571496

Please check the appropriate assignee category or categories (will not be printed on the patent): ☐ individual ☒ corporation or other private group entity ☐ government

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